



03-17-06

Patent
Attorney Docket No. 1028722-000381

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Douglas G. Storey et al.

Application No.: 10/828,557

Filing Date: April 21, 2004

Title: METHODS TO REGULATE BIOFILM FORMATION

Group Art Unit: 1645

Examiner: ROBERT A ZEMAN

Confirmation No.: 5430

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed is a reply for the above-identified patent application.

☒ A Petition for Extension of Time is also enclosed.☐ Terminal Disclaimer(s) and the ☐ fee per
Disclaimer due under 37 C.F.R. § 1.20(d) are also enclosed.☒ Also enclosed is/are replacement formal drawing sheets for Figures 4 and 8 -10; and return receipt
postcard☒ Small entity status is hereby claimed.☐ Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the
☐ fee due under 37 C.F.R. § 1.17(e).☐ Applicant(s) requests that any previously unentered after final amendments not be entered.
Continued examination is requested based on the enclosed documents identified above.☐ Applicant(s) previously submitted _____
_____ on _____
for which continued examination is requested.☐ Applicant(s) requests suspension of action by the Office until at least _____,
which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R.
§ 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also
enclosed.

- ☒ No additional claim fee is required.
- ☐ An additional claim fee is required, and is calculated as shown below.

AMENDED CLAIMS					
	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims	18	MINUS 20 =	0	x (1202) =	\$ 0.00
Independent Claims	5	MINUS 5 =	0	x (1201) =	\$ 0.00
If Amendment adds multiple dependent claims, add					
Total Claim Amendment Fee					\$ 0.00
<input checked="" type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee					\$ 0.00
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT					\$ 0.00

- ☐ A check in the amount of _____ is enclosed for the fee due.
- ☐ Charge _____ to Deposit Account No. 02-4800.
- ☐ Charge _____ to credit card. Form PTO-2038 is attached.

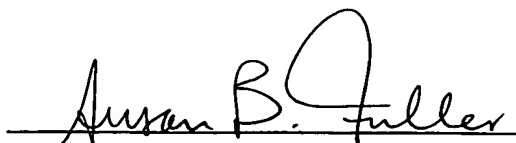
The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BUCHANAN INGERSOLL LLP

12230 El Camino Real
Suite 300
San Diego, CA 92130-2090
(858) 509-7300

By



Susan B. Fuller

Registration No. 51,979

Date: March 15, 2006

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

"Express Mail" Mailing Label No.: EV 793 689 332 US Date of Deposit: March 15, 2006



Kim A. Cabello

Typed Name: